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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	14526,399
Filing Date	3/2/5
First Named Inventor	Gibert
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	14988NP

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000293

OR

☐ Practitioner(s) named below:

Name	Registration Number
Ralph A. Dowell	26868
Wendy M. Slade	53604

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

000293

OR

<input type="checkbox"/> Firm or Individual Name	Ralph A. Dowell of DOWELL & DOWELL, P.C.		
Address	Suite 406, 2111 Eisenhower Avenue		
City	Alexandria	State	VA
Country	US	Zip	22314
Telephone	703 415 2555	Fax	703 415 2559

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Barre Bertrand</i>	Date	3/3/2005
Name	BARRE Bertrand	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/526,399
Filing Date	3/2/05
First Named Inventor	Gibert et al
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	14988NP

I hereby revoke all previous powers of attorney given in the above-identified application.

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Wendy M. Slade	53604

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Address	Suite 406, 2111 Eisenhower Avenue				
City	Alexandria	State	VA	Zip	22314
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## SIGNATURE of Applicant or Assignee of Record

Signature	Francis LEPAGE	Date	3/3/2005
Name	LEPAGE Francis	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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INDICATION FORM**

Application Number	10 526 399
Filing Date	3/2/05
First Named Inventor	Gibert et al
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	14988 NP

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**SIGNATURE of Applicant or Assignee of Record**

Signature	Xavier Gibert	Date	3/3/2005
Name	GIBERT Xavier	Telephone	
Title and Company			

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